



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 19603/3641 (CRF D-933F)												
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on <u>10-24-2005</u> .														
Signature: <u>Angelica Grouse</u> Name: <u>Angelica Grouse</u>		In re Application of Barany et al.  Application Number 10/662,199 Filed September 12, 2003  For A THERMOSTABLE LIGASE MEDIATED DNA AMPLIFICATION SYSTEM FOR THE DETECTION OF GENETIC DISEASES  Group Art Unit 1652 Examiner Manjunath N. Rao, Ph.D.												
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and appropriate entity fee are as follows (check time period desired):  <table style="width: 100%; border: none;"><tr><td style="width: 80%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td style="width: 20%; text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td style="text-align: right;">\$ <u>1,020</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td style="text-align: right;">\$ _____</td></tr></table> <input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u> . I have enclosed a duplicate copy of this sheet.  <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ <table style="width: 100%; border: none;"><tr><td style="width: 50%; text-align: center;"><u>Michael L. Goldman</u> Signature  Michael L. Goldman Typed or printed name</td><td style="width: 50%; text-align: center;"><u>October 24, 2005</u> Date  (585) 263-1304 Telephone Number</td></tr></table> <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ <u>1,020</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____	<u>Michael L. Goldman</u> Signature  Michael L. Goldman Typed or printed name	<u>October 24, 2005</u> Date  (585) 263-1304 Telephone Number
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<u>Michael L. Goldman</u> Signature  Michael L. Goldman Typed or printed name	<u>October 24, 2005</u> Date  (585) 263-1304 Telephone Number													
<input type="checkbox"/> Total of _____ forms are submitted.														

10/27/2005 MBELETE1 00000022 10662199

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1020.00 OP

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R882616.1

Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>OCT 26 2005</b> <b>FOR FY 2005</b> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>	
		Application Number	10/662,199
		Filing Date	September 12, 2003
		First Named Inventor	Francis Barany
		Examiner Name	Manjunath N. Rao, Ph.D.
TOTAL AMOUNT OF PAYMENT	(\$1,020.00)	Art Unit	1652
		Attorney Docket No.	19603/3641 (CRF D-933F)

**METHOD OF PAYMENT (check all that apply)**

☒ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   
 Deposit Account Number: 14-1138   
 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

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**FEE CALCULATION**
**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**  
20    - 20 or HP = 0    x    0    =    0    **Fee (\$)**    **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**  
1    - 3 or HP = 0    x    0    =    0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**    **Extra Sheets**    **Number of each additional 50 or fraction thereof**    **Fee (\$)**    **Fee Paid (\$)**  
              - 100 =            / 50 =            (round up to a whole number)    x               =           

**4. OTHER FEE(S)**

**Fees Paid (\$)**

Non-English Specification,    \$130 fee (no small entity discount)

Other: Petition for Three Month Extension of Time Fee

\$1,020.00

**SUBMITTED BY**

Signature		Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman		Date <u>October 24, 2005</u>

**CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]**

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on 10-24-05  
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 Name: Angelica Grouse

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